

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/586,130

APPLICANT(S)

FILING DATE
6/2/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	/					
8						
9						
10						
11						
12	/					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND:						
TOTAL DEP:						
TOTAL CLAIMS						

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS